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|--|--|--------------------------|--------------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2009</h2> | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | Application Number | 10/591,222 |
| | | Filing Date | August 31, 2006 |
| | | First Named Inventor | Steve Porter Hotelling, et al. |
| | | Examiner Name | |
| | | Art Unit | |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00 | | Attorney Docket No. | PU040288 |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify: _____)

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) | Fee Paid (\$) |
|--|--------------|----------|---------------|
| Each claim over 20 (including Reissues) | 50 | 25 | |
| Each independent claim over 3 (including Reissues) | 200 | 100 | |
| Multiple dependent claims | 360 | 180 | |

Total Claims _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Independent Claims _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

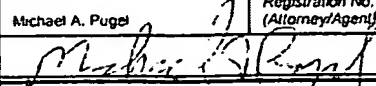
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------------|--|----------|---------------|
| _____ - 100 = _____ | _____ / 50 = _____ | (round up to a whole number) x _____ | _____ | _____ |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|----------------|----------------|
| IDS Submission | 180.00 |

| | | | | | |
|---------------------|---|-----------------------------------|--------|-----------|---------------|
| SUBMITTED BY | | | | | |
| Name (Print/Type) | Michael A. Pugel | Registration No. (Attorney/Agent) | 57,368 | Telephone | 317-587-4027 |
| Signature |  | | | Date | June 18, 2006 |